

## DoD Space Planning Criteria for Health Facilities

### Pediatrics

#### 3.3.1. PURPOSE AND SCOPE:

This section provides guidance for the space planning criteria for outpatient pediatric activities for DoD medical facilities. These services include preventive, diagnostic and curative healthcare provided to children (under the age of 18 years). These services may be further subdivided into pediatric, well baby and adolescent services.

#### 3.3.2. DEFINITIONS:

**Adolescent:** An adolescent is a teenager: a child between the ages of 13 to 18 years of age.

**Clinic Visit:** A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of an examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic itself, or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999)

**Full-Time Equivalent (FTE):** A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

**Office:** Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

**Patient Learning Resource Room:** A patient learning resource room provides patients with publications and access to computers connected to the internet to research diseases and health information.

**Pediatric Health Services:** Pediatrics is a branch of medicine dealing with the development, care and diseases of children.

**Preceptor/Consult rooms:** - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

**Primary Care Clinic:** A primary care clinic may be referred by various names (troop medical clinic, adult clinic, family practice clinic, adolescent clinic, pediatric clinic and well baby clinic). A primary care clinic provides the office space for "primary care managers" in the military healthcare system.

**Primary Care Physician:** Generally applies to pediatricians, family physicians and general practitioners and occasionally includes obstetrician/gynecologists and internists (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999).

**Provider:** an individual who examines, diagnoses, treats, prescribes medication and manages the care of patients within his/her scope of practice as established by the governing body of a healthcare organization. Providers are physicians, physician's assistants and clinical nurse practitioners. The term 'staff providers' does not include residents.

**Rotating Resident:** A rotating resident is one from any graduate medical education (GME) specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example, internal medicine residents are required to "do a rotation" in the OB/GYN service.

Deleted:

Deleted: .

Deleted: .

## DoD Space Planning Criteria for Health Facilities

### Pediatrics

**Well Baby:** Well baby is a term used to designate an infant who receives routine healthcare examinations to determine if the infant is developing normally. Well baby visits may also include those visits made for routine immunizations.

#### **3.3.3. POLICIES:**

**Adolescent:** A separate adolescent clinic will be programmed when justified by work load. (2 - Adolescent Medicine providers).

**Pediatric Clinic:** A pediatric clinic may be provided when there is a minimum of two pediatricians assigned.

**Providers' Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers' Offices:** Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff, who has patient appointments, will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists and Commanders).

**Residents' Cubicle Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education programs studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident's Office/Examination Rooms:** Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when seeing patients as walk-ins or by appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: These residents are not necessarily pediatric residents; family practice, internal medicine and other residency programs may require a rotation in the pediatric clinic.

#### **3.3.4. PROGRAM DATA REQUIRED:**

How many FTE providers are projected?
How many FTE nurse managers are projected?
How many FTE nursing staff are projected?
How many NCOIC/LCPO/LPO/SMT are projected?
How many officer or officer equivalents are projected?
How many advice nurses are projected?
How many staff will require a private office?
How many staff will require a cubicle?
How many social workers are projected?
How many staff will require a locker?
How many FTEs on peak shift are projected?
Will patient records be stored in this clinic?
How many patient records will be stored in this clinic?
Will patient records use fixed shelving?
How many shelves high (5 or 6) will be used?
Is a procedure room required?
Will immunizations be performed in the clinic?

#### **3.3.4. PROGRAM DATA REQUIRED: Continued**

### DoD Space Planning Criteria for Health Facilities Pediatrics

Will there be vending machines in the staff lounge?
Will there be a Residency Program?
Will there be a Residency Program Director?
Will there be a Residency Program Secretary?
How many Residents are projected?
How many Residency Staff require a private administrative office?
How many Residency Administrative Staff cubicles are required?

#### **3.3.5. SPACE CRITERIA:**

**Note to Programmer:** The concept of operations is important to programming. It may be more practical, due to resource constraints in a small facility, to program only a pediatric clinic without separate well baby or adolescent clinics. In a smaller facility, using the same providers and scheduling these clinics at different times may meet the well baby and adolescent clinic requirements. Bear in mind that while scheduling can be an effective use of resources, there will always be a requirement for access to care for ill pediatric patients. In a single pediatric facility (i.e. one facility which provides well baby and/or adolescent services in the same facility via scheduling) there must be facilities to separate potentially infectious patients from those patients awaiting routine well-baby care (sick vs. well waiting areas).

If the concept of operations is to have separate clinics (sick versus well), then each clinic should be studied very carefully to maximize the sharing of resources and minimize the duplication of functions.

**NOTE:** GP indicates that a guideplate exists for that particular Room Code.

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

#### **RECEPTION AREAS**

Clinic Waiting	WRC01	5.57	60	Minimum. Provide five seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). <u>Main waiting:</u> Recommend providing 67% of space for a main waiting area.
	WRC02	5.57	60	Minimum. <u>Isolation waiting:</u> Negative pressure. Recommend providing 33% of space for a well waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). If programming does not allow for separate services (isolation waiting vs. main waiting), then combine waiting space appropriately.
Playroom Waiting(GP)	PLAY1	11.15	120	One per clinic.
Toy Storage Area	SRS01	5.57	60	One per clinic.

## 3.3

## DoD Space Planning Criteria for Health Facilities

### Pediatrics

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

#### RECEPTION AREAS (Continued)

Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Cubicle	CLSC2	2.78	30	<del>Provide if in clinic concept of operations.</del> Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Patient Education Classroom	CLR02	22.30	240	<del>Provide one classroom for up to eight projected FTE providers. If nine or more projected FTE providers, then maximum two classrooms.</del>
Lactation Room	NYFA1	9.29	100	Minimum. One room per clinic.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. <a href="#">See Section 6.1.</a>

Deleted: Include

Deleted: 2.72

Deleted: 0

Deleted: ,

Deleted: - see Section 6.1

#### PATIENT AREAS

Pediatric Screening/Weights & Measures Room (GP)	EXRG5	11.15	120	Minimum of one for up to four projected FTE providers. One additional room for increment of four providers or portion thereof.
Vision /Hearing Screening Room	PEVH2	11.15	120	One per clinic.
Pediatric Exam Room	EXRP1	11.15	120	Two per projected FTE provider. Room count includes isolation exam room.
Isolation Exam Room (GP)	EXRG6	13.01	140	One per Pediatric Clinic. (negative pressure)
Isolation Toilet (GP)	TLTU1	4.65	50	Single occupancy toilet with diaper changing counter. Locate adjacent to isolation exam room.
Treatment Room (GP)	TRGM1	16.26	175	Minimum of one room for up to six projected FTE providers. One additional room for increment of six providers or portion thereof.
Observation/Hydration Room	OOHR1	11.15	120	One per Pediatric Clinic.
Immunization Room (GP)	OPIR1	20.44	220	One per Pediatric Clinic, if required in clinic concept of operations.
Waiting - Immunization/Observation	WRC01	11.15	120	One per Pediatric Clinic, if required in clinic concept of operations.
Patient Toilet (GP)	TLTU1	4.65	50	One if <u>number of</u> projected FTE providers is between three and eight. Provide two toilets if <u>number of</u> projected FTE providers is between nine and fifteen. Provide three toilets if <u>number of</u> projected FTE providers <u>is</u> sixteen or more with a maximum of three toilets.

Deleted: are

## DoD Space Planning Criteria for Health Facilities

### Pediatrics

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

#### STAFF AND ADMINISTRATIVE AREAS

Provider Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. (See also Residency Program section.)
	OFD02			Navy - One per projected FTE staff provider. (See also Residency Program section.)
	OFD03			Air Force - One per projected FTE staff provider. (See also Residency Program section.)
Nurse Manager Office	OFA01	11.15	120	Private office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private office, Systems Furniture. One per projected FTE Nurse Manager.
Nurse Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.72	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO Office	OFA01 OFA02	11.15	120	One per Pediatric Clinic.
Advice Nurse Office	OFA01	11.15	120	One per projected FTE Advice Nurse.
	OFA02			
Administrative Personnel with Private Office	OFA01	11.15	120	One per projected FTE requiring a private office. See Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator; any staff who interviews or counsels patients.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated work-space but not a private office. See Section 2.1.
Social Worker Office	OFA01	11.15	120	One per projected FTE Social Worker.
	OFA02			
Records Storage	MRS01	11.15	120	Minimum. Fixed shelving. If outpatient records are stored within the Pediatric Clinic. See Section 2.5 for increase in size.
	MRS02			Minimum. Movable shelving. If outpatient records are stored within the Pediatric Clinic. See Section 2.5 for increase in size.
Copy Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Forms/Literature Storage	SRS01	11.15	120	One per clinic.
Conference Room (GP)	CRA01	23.23	250	See Section 2.1.
	CRA02	27.87	300	See Section 2.1.
	CRA03	37.16	400	See Section 2.1.
Staff Lounge (GP)	SL001	13.01	140	For FTEs on peak shift greater than 10. Maximum is 300 nsf. If vending machines are located in staff lounge, add 20 nsf.
Personal Property Lockers (GP)	LR001	1.86	20	For up to 10 FTE staff without a dedicated office/cubicle space. For greater than 10 staff, add 2 nsf per person.
Staff Toilets (GP)	TLTU1	4.65	50	Minimum of one for 10-15 FTE staff on peak shift. For greater than 15 staff, add one toilet for

Deleted: assigned to the clinic.

Deleted: administrative personnel

Deleted: Refer to

Deleted: p

Deleted: p

Deleted: o

Deleted: administrative personnel

Deleted: 2.5

Deleted: 2.5

Deleted: ¶

## DoD Space Planning Criteria for Health Facilities

### Pediatrics

FUNCTION	ROOM CODE	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

				every increment of 15 FTEs on peak shift with portion minimum of eight.
--	--	--	--	---

Deleted: .

#### CLINIC SUPPORT AREAS

Clean Utility (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.

#### Functions which are required for Residency Education in Pediatrics:

The following areas must be programmed if the MTF provides a Pediatrics Residency Program.

#### RESIDENCY PROGRAM

Deleted: AND ADMINISTRATIVE AREAS

Residency Program Director (GP)	OFD01	11.15	120	Army - One per residency program director
	OFD02			Navy - One per residency program director
	OFD03			Air Force - One per residency program director
Secretary with Visitor Waiting	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE residency staff that requires a private office
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE residency staff position.
Resident Cubicle	OFA03	5.57	60	One per projected resident.
Residency Library	LIBB1	13.01	140	One per residency program.
Conference Room (GP)	CRA01	23.23	250	One per residency program.
Resident Exam Room (GP)	EXRP1	11.15	120	One per projected resident. Minus the two monitored exam rooms.
Monitored Exam Room - Subject & Observer Room (GP)	EXRP1	11.15	120	Provide two exam rooms per residency program, and one CMP02. These rooms use cameras and videotapes.
	CMP02	5.57	60	One room can support two exam rooms.
Preceptor/Consult Room	OFDC1	11.15	120	Minimum of one room. One per eight staff providers per clinic concept of operations.

Deleted: v

Deleted: w

Deleted: Residents'

Deleted: Residency

Deleted: Program

Deleted: s

Deleted: o

Deleted: r

Deleted: .

Deleted: rooms

Deleted: physicians